Image# 15950883015 PAGE 1 / 19

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

	For Other II	nan An Auth	orized Comm	littee		Office Use Only	
NAME OF COMMITTEE (in full)	TYPE OR PRI	NT ▼	Example: If to		12FE4M5		
CAMPAIGN FOR W	ORKING FA	MILIES					1
I							
	1 2000 CHIDI	INGTON ROAD,	CLUTE 020				
ADDRESS (number and street)	2000 SHIKL	INGTON ROAD,	30112 930				
Check if different							
than previously reported. (ACC)	ARLINGTO	V			VA	22206	
2. FEC IDENTIFICATION	NUMBER ▼	CITY	/ A		STATE A	ZIP CO	ODE 🛦
C C00325076		3. IS RE	THIS X	NEW (N) OR	AN (A)	1ENDED	
4. TYPE OF REPORT (Choose One)	(b) Monthly Report Due Or		20 (M2)	May 20 (M5)	Aug	20 (M8)	Nov 20 (M11) (Non-Election Year Only)
(a) Quarterly Reports:		X Mar 2	20 (M3)	Jun 20 (M6)	Sep	20 (M9)	Dec 20 (M12) (Non-Election Year Only)
April 15		Apr 2	20 (M4)	Jul 20 (M7)	Oct	20 (M10)	Jan 31 (YE)
Quarterly Report July 15	(C) 12	-Day RE -Election	Primary (12P)	General	(12G)	Runoff (12R)
Quarterly Report October 15	: (Q2)	eport for the:	Convention	on (12C)	Special (12S)	
Quarterly Report	(Q3)		M = M	/ D D /	Y Y Y	in the	
January 31 Year-End Report	: (YE)	Election				State	
July 31 Mid-Year Report (Non-elec Year Only) (MY)	etion (d) 60	DST-Election	General	(30G)	Runoff (3	30R)	Special (30S)
Termination Repo		eport for the:	M = M	/ D D /	Y . Y . Y . Y	in the	
	 	Election	OII			State	OI
5. Covering Period	02 01	2015	throug	jh 02	28	2015	
I certify that I have examined	this Report and	to the best of r	ny knowledge a	nd belief it is tr	ue, correct and	d complete.	
Type or Print Name of Treasu	urer Dorie Velezi	S					
Signature of Treasurer D	orie Velezis		[Electroni	cally Filed]	Date 03	19	2015
NOTE: Submission of false, err	oneous, or incomp	olete information	may subject the	person signing t	his Report to th	ne penalties of 2	U.S.C. §437g.
Office			-			FEC FOR	
Use Only						Rev. 12/	

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

	OF TIEDEN TO AND DIODOTIOENIENTO	
FEC Form 3X (Rev. 02/2003)	P	age 2

Write or Type Committee Name

Repo	rt Covering the Period: From:		To: 02 28 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
		COLUMN A This Period	COLUMN B Calendar Year-to-Date
. (a)	Cash on Hand January 1, 2015		414085.84
(b)	Cash on Hand at Beginning of Reporting Period	401427.45	
(c)	Total Receipts (from Line 19)	3596.18	20232.98
(d)	Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	405023.63	434318.82
. To	al Disbursements (from Line 31)	32083.53	61378.72
Re	sh on Hand at Close of porting Period btract Line 7 from Line 6(d))	372940.10	372940.10
the	bts and Obligations Owed TO Committee (Itemize all on hedule C and/or Schedule D)	0.00	
the	bts and Obligations Owed BY Committee (Itemize all on hedule C and/or Schedule D)	6311.09	

For further information contact:

Federal Election Commission 999 E Street, NW Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

CAMPAIGN FOR WORKING FAMILIES

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date					
Contributions (other than loans) From:	Total Tills I Gliou	Gaisinai Ioal to Bato					
(a) Individuals/Persons Other							
Than Political Committees							
(i) Itemized (use Schedule A)	1225.00	2825.00					
(ii) Unitemized	2357.71	4833.58					
(iii) TOTAL (add Lines 11(a)(i) and (ii)▶	, 3582.71	7658.58					
(b) Political Party Committees	0.00	0.00					
(c) Other Political Committees	0.00	0.00					
(such as PACs)	7	7					
(d) Total Contributions (add Lines							
11(a)(iii), (b), and (c)) (Carry	3582.71	7658.58					
Totals to Line 33, page 5)	3302.71	7					
Transfers From Affiliated/Other Party Committees	0.00	0.00					
,,		7 7					
All Loans Received	0.00	0.00					
Loan Repayments Received	0.00	0.00					
Offsets To Operating Expenditures	7						
(Refunds, Rebates, etc.)							
(Carry Totals to Line 37, page 5)	0.00	0.00					
Refunds of Contributions Made							
to Federal Candidates and Other							
Political Committees	0.00	0.00					
Other Federal Receipts							
(Dividends, Interest, etc.)	13.47	12574.40					
Transfers from Non-Federal and Levin Funds							
(a) Non-Federal Account							
(from Schedule H3)	0.00	0.00					
(b) Levin Funds (from Schedule H5)	0.00	0.00					
(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00					
Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))▶	3596.18	20232.98					
Total Federal Receipts							
iotal i ductal i leccipto							

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

	II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date			
1. C	Operating Expenditures: a) Allocated Federal/Non-Federal Activity (from Schedule H4)		outstide four to but			
	(i) Federal Share	0.00	0.00			
	(4)					
	(ii) Non-Federal Share	0.00	0.00			
(1	b) Other Federal Operating	00500 50	57070 70			
,	Expenditures	28583.53	57878.72			
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	28583.53	57878.72			
т	ransfers to Affiliated/Other Party	2000.00	07070.72			
	Committees	0.00	0.00			
C	Contributions to ederal Candidates/Committees	7				
	and Other Political Committees	3500.00	3500.00			
lı	ndependent Expenditures					
(use Schedule E)	0.00	0.00			
(:	Coordinated Party Expenditures 2 U.S.C. §441a(d)) use Schedule F)	0.00				
(1	use Schedule F)	0.00	0.00			
	and Damas was Made	0.00	0.00			
L	oan Repayments Made	0.00	0.00			
	oans Made	0.00	0.00			
F	Refunds of Contributions To:	7				
(;	a) Individuals/Persons Other Than Political Committees	0.00	0.00			
(1	b) Political Party Committees	0.00	0.00			
(c) Other Political Committees					
	(such as PACs)	0.00	0.00			
(d) Total Contribution Refunds					
((add Lines 28(a), (b), and (c))▶	0.00	0.00			
	(add 2.1100 20(a), (b), and (0),					
C	Other Disbursements	0.00	0.00			
		7				
F	Federal Election Activity (2 U.S.C. §431(20))					
(;	Allocated Federal Election Activity					
	(from Schedule H6)	0.00	0.00			
	(i) Federal Share	0.00	7			
	(ii) "Levin" Share	0.00	0.00			
(1	b) Federal Election Activity Paid Entirely	7 7 7				
(With Federal Funds	0.00	0.00			
(c) Total Federal Election Activity (add					
`	Lines 30(a)(i), 30(a)(ii) and 30(b))▶	0.00	0.00			
		7	7 - 7 - 7 - 7			
	otal Disbursements (add Lines 21(c), 22,					
2	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	32083.53	61378.72			
_	Stat Falland Disk and a	7				
	outstreet Line 21(a)(ii) and Line 20(a)(ii)					
	subtract Line 21(a)(ii) and Line 30(a)(ii)	32083.53	61378.72			
11	rom Line 31)▶	32003.33	01378.72			

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Ex- penditures					
3. Total Contributions (other than loans) (from Line 11(d), page 3)	3582.71	7658.58			
4. Total Contribution Refunds (from Line 28(d))	0.00	0.00			
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	3582.71	7658.58			
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	28583.53	57878.72			
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00			
8. Net Operating Expenditures (subtract Line 37 from Line 36)	28583.53	57878.72			

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:					PAGE		6	OF		19		
(che	(check only one)											
X	11a		11b		11c		12	2				
	13		14		15		16	6		17		

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

UI	tor commercial purposes, other than using the	name and address of any political committee to	SOIIGH COMMUNIS HOM SUCH COMMUNICE.
\rangle	NAME OF COMMITTEE (In Full) CAMPAIGN FOR WORKING FA	MILIES	
λ.	Full Name (Last, First, Middle Initial) MR MIKE D RISINGER Mailing Address 421 E GREENWOOD ST City MORTON FEC ID number of contributing federal political committee. Name of Employer STATE OF IL Receipt For: 2016 Primary General Other (specify) ▼	State Zip Code IL 61550 C Occupation JUDGE Aggregate Year-to-Date ▼	Date of Receipt M
3.	Full Name (Last, First, Middle Initial) Mailing Address City FEC ID number of contributing federal political committee. Name of Employer Receipt For: Primary General Other (specify)	State Zip Code C Occupation Aggregate Year-to-Date ▼	Date of Receipt M.M. / D.D. / Y.Y.Y.Y.Y.Y.Y.Y.Y.Y.Y.Y.Y.Y.Y.Y.Y.Y.
.	Full Name (Last, First, Middle Initial) Mailing Address City FEC ID number of contributing federal political committee. Name of Employer Receipt For: Primary General Other (specify) Other (specify)	State Zip Code C Occupation Aggregate Year-to-Date ▼	Date of Receipt M M / D D / Y Y Y Y Y Y Amount of Each Receipt this Period
SI	UBTOTAL of Receipts This Page (optional)	>	1225.00
T	OTAL This Period (last page this line number o	nly)	1225.00

1mage# 15950883021 PAGE 7 / 19

: 97 A = G7 9 @ G B9 C I G H9 L H F 9 @ 5 H9 8 HC 5 F 9 D C F H Z G7 < 98 I @ C F → H9 A = N 5 H = C B

Form/Schedule: SA11AI

Transaction ID : SA11AI.14122

0103251-0000030

Form/Schedule: Transaction ID:

S	CHEDULE B (FEC Form 3X)	FOR LINE				E NUMBER: PAGE 8 OF 19								
	EMIZED DISBURSEMENTS	Use separate schedule(s)	\ I	_	Conly	_	•			I AC			<u> </u>	
• •	LIMIZED DISBUTISEIVIENTS	for each category of the Detailed Summary Page	`		21b	22		23		24		25		26
		Detailed Suffillary Page		Н	27	28a		28b		28c	Н	29		30b
Ar	ny information copied from such Reports and Staten	nents may not be sold or us	sed by	anv	perso	n for the	pur	pose (of so	olicitino	con	ntribu	tions	
	for commercial purposes, other than using the nam													
	NAME OF COMMITTEE (In Full)													
$ \; angle$	CAMPAIGN FOR WORKING FAM	ILIES												
\angle														
٨	Full Name (Last, First, Middle Initial)					Date of Disbursement								
A.	GARY BAUER													
	Mailing Address 2800 S SHIRLINGTON RD #930				$\overline{}$	02 26 2015								
	2 - 1 - 2 - 2 - 2 - 2 - 2 - 3 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1					Ű.			-			. •		
	City	State Zip Code				Transaction ID : SB21B.14193								
	ARLINGTON	VA 22206				irans	odCt	טו ווטו	, . SI	DZ 1 15.1	419	J		
	Purpose of Disbursement PAC CONSULTING POLITICAL AND ADMIN				$\neg \neg$	Δ	1 - 1		D: - 1	 -			D '	
	Candidate Name			_		Amoun	it Of	⊏acn	DISI	oursen	ient	ιΠIS	rerio	a
	Candidate Name			egory ype	y/	Ι.		_ "			_ 1	1750	0.00	
	Office Sought: House Disbursen	nent For:	1	ype	-		Ť	7		7				
		Primary General												
	President	Other (specify) ▼												
_	State: District:	· 												
	Full Name (Last, First, Middle Initial)													
В.	BB&T					Date o	f Di	sburse	emer	nt				
						M = M	/		D	/ Y	¥ Y		Υ	
	Mailing Address 2800 S Quincy St.					02	_	1	17		_ 20	15	Ш	
	City	State Zip Code				Transaction ID : SB21B.14170								
	Arlington	VA 22206				Trans	sact	ion ID) : SI	B21B.	1417	0		
	Purpose of Disbursement			_	-									
	BANK FEES					Amoun	t of	Each	Dist	bursen	nent	this	Perio	d
	Candidate Name	Category/				144.54								
	Office Sought: House Disbursen	oont For:	T	ype				7		7				-
	Senate Disburser	Primary General												
	President	Other (specify)												
	State: District:	(1 · · · ·)/ ▼												
	Full Name (Last, First, Middle Initial)													
C.	BB&T					Date o	f Di	sburse	emer	nt				
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	Mailing Address 2800 S Quincy St.					02		2	21		20	15		
	City	State Zin Code												
	City S Arlington	State Zip Code VA 22206				Trans	sact	ion ID) : SI	B21B.	1416	4		
	Purpose of Disbursement													
	BANK FEES			_		Amoun	ıt of	Each	Dist	bursen	nent	this	Perio	od
	Candidate Name		Cate	egory	y/		-		-	-	-		-	
				ype				,		7		112	2.09	
	Office Sought: House Disburser													
	Senate	Primary General												
	State: President State:	Other (specify) ▼												
	otate. District.													
١,	SURTOTAL of Disburgaments This Base (entional)										1	2006	6.63	
Ľ	SUBTOTAL of Disbursements This Page (optional)				_	-	+	7					1	
۱,	OTAL This Period (last nage this line number only)					1	-				-		-	

S	CHEDULE B (FEC Form 3X)		FOR	IF NUMBER: PAGE 9 OF 19								
	EMIZED DISBURSEMENTS	Use separate schedule(s) FOR LINE (check only			L NOMBLIT.							
11	LIVIIZED DISDUNSEIVIEN IS	for each category o	X 21b	22	23	24	25	<u>26</u>				
		Detailed Summary I	Page	27	28a	28b	28c	29	30b			
Δr	ny information copied from such Reports and Staten	nents may not be solo	or used	hy any nerso	n for the nur	nose of	soliciting	contrib	outions			
	for commercial purposes, other than using the nam											
\setminus	NAME OF COMMITTEE (In Full)											
$ \rangle$	CAMPAIGN FOR WORKING FAM	ILIES										
\angle												
	Full Name (Last, First, Middle Initial)											
Α.	BB&T	BB&T					Date of Disbursement					
	Mailing Address 2000 S Ovince Ct				02 28 2015							
	Mailing Address 2800 S Quincy St.				02	20		2013				
	City	State Zip Code										
	Arlington	VA 22206			Transaction ID : SB21B.14165							
	Purpose of Disbursement											
	BANK FEES		[Amount of	Amount of Each Disbursement this Period						
	Candidate Name			Category/					11.50			
	Office Sought: House Disbursen	nont For		Туре		7	7	1.100				
			neral									
	President	Other (specify)	icial									
	State: District:											
_	Full Name (Last, First, Middle Initial)											
В.	,				Date of Dis	sbursen	nent					
					M = M /	D [) / Y	YY	Y			
	Mailing Address 11105 HARROWFIELD ROAD				02	12		2015				
	-	·										
		State Zip Code NC 28226	€		Transact	ion ID :	SB21B.1	4180				
	CHARLOTTE Purpose of Disbursement	28220										
	PAC SOCIAL MEDIA CONSULTING						Amount of Each Disbursement this Period					
	Candidate Name	Category/										
				Type		,	7	250	00.00			
	Office Sought: House Disbursen	nent For:										
		Primary Gen	neral									
		Other (specify) ▼										
_	State: District:											
_	Full Name (Last, First, Middle Initial)				Data of Di	ab	nont					
U.	CHOI COMPANIES				Date of Dis							
	Mailing Address 5999 STEVENSON AVE #310				02	19		2015	Y			
	Maining Addition Saga STEVENSON AVE #310				UZ.	13		2010				
	City	State Zip Code			Transact	ion ID	SB21B.1	1101				
	ALEXANDRIA	VA 22304			Hansact	: עו ווטו	SDZ ID.T	7101				
	Purpose of Disbursement PAC RENT											
					Amount of	Each D	Disbursem	ent this	Period			
	Candidate Name			Category/				315	52.77			
	Office Sought: House Disbursen	nent For:		Туре		7	- 7					
	Senate Dispulser		neral									
	President	Other (specify) ▼										
	State: District:	· · · · · · · · · · · · · · · · · · ·										
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s	SUBTOTAL of Disbursements This Page (optional)				L.		- 40	566	64.27			
\vdash	·											
ĺτ	OTAL This Period (last page this line number only)								- 1			

SC	CHEDULE B (FEC Form 3X)		F05	NE NUMBER: PAGE 10 OF 19							
	· ·	Use separate schedule(s) FOR LINE (check only			-		PAG	_ 10	UI 18		
111	EMIZED DISBURSEMENTS	for each categor	ry of the	X 21b	22	23	24	25	□ 26		
		Detailed Summa	ary Page	27	28a	28b	28c	29	30b		
	us information conied from south Department 2011										
	y information copied from such Reports and Stater for commercial purposes, other than using the nan										
 	NAME OF COMMITTEE (In Full)	10 414 4441000 01	arry pointious					- 00111111			
	, ,	II IEC									
[/	CAMPAIGN FOR WORKING FAM	ILIES									
_	Full Name (Last, First, Middle Initial)										
Α.	COMCAST					sbursem	nent				
	COMCAST				M M / D D / Y Y Y Y						
	Mailing Address P.O. BOX 3005				02	26	'	2015	- 1		
	3 3 3 3 5 7 1 C. 2 C. C C C C C C C C C C C C C C C C				4.0						
	City	State Zip C	ode								
	SOUTHEASTERN	PA 1939	8		Transaction ID : SB21B.14190						
	Purpose of Disbursement				1						
	COMPUTER SERVICES				Amount of Each Disbursement this Period						
	Candidate Name			Category/				0.0	0.54		
				Type		7	,	25	59.54		
	Office Sought: House Disburser	nent For:									
	Senate	Primary	General								
	President	Other (specify)	,								
	State: District:										
	Full Name (Last, First, Middle Initial)										
В.	CT CORPORATION				Date of Dis	sbursem	nent				
					M = M / D = D / Y = Y = Y						
	Mailing Address 1015 15TH STREET NW#1000				02	11		2015			
	011		<u> </u>								
	City S WASHINGTON	State Zip C DC 2000			Transact	ion ID :	SB21B.1	4173			
	Purpose of Disbursement	2000)5 								
	LICENSES AND PERMITS				Amount of Each Disbursement this Period						
	Candidate Name	2:1::::									
				Category/ Type	1	/III		39	95.00		
	Office Sought: House Disburser	nent For:		.,,,,		,					
	Senate		General								
	President	Other (specify)	,								
	State: District:	•									
	Full Name (Last, First, Middle Initial)										
C.	DESIGN4, INC				Date of Dis	sbursem	nent				
					M M /	D D	/ Y	YY	Y		
	Mailing Address 106 N. COLLINS ST				02	19		2015			
	,	State Zip C			Transact	ion ID ·	SB21R 1	4182			
	PLANT CITY	FL 3356	3								
	Purpose of Disbursement PAC ADVERTISING PRODUCTION										
					Amount of	Each D	isbursem	ent this	Period		
	Candidate Name			Category/				165	50.00		
	Office Cought: House	nant Fari		Туре		7	7	. 50			
	Office Sought: House Disburser Senate		Goneral								
	President	,	General								
	State: District:	Other (specify)	•								
	Otato. District.										
_ ا								230)4.54		
Ls	UBTOTAL of Disbursements This Page (optional)			······		7	7	200			
-	OTAL This Period (last nage this line number only)										

SCHE	OULE B (FEC Form 3X)		FOR	IF NUMBER: PAGE 11 OF 19								
	· ·	Use separate schedule(s) (check only			NUMBER:		PAG	_ !!	01 18			
I I CIVIIZ	ZED DISBURSEMENTS	for each cate	egory of the	X 21b	22	23	24	25	□ 26			
		Detailed Sur	nmary Page	27	28a	28b	28c	29	30b			
Any info	mation copied from such Reports and Stater	nonte mai: nct	ho cold or us-									
	mation copied from such Reports and Stater mmercial purposes, other than using the nan											
	OF COMMITTEE (In Full)		7 1									
I \	MPAIGN FOR WORKING FAM	ILIES										
/ U/ (()		ILILO										
Full N	ame (Last, First, Middle Initial)											
A. HEL	HELLER INFORMATION SERVICES					Date of Disbursement						
				M M / D D / Y Y Y Y								
Mailing	g Address 30 W GUDE DR, #220				02 19 2015							
011		01-1- 7	- O- I-									
City ROCK			ip Code 0850		Transac	tion ID :	SB21B.1	4185				
	se of Disbursement	IVID 2	0650		-							
	PUTER SERVICES				Amount of Each Disbursement this Period							
Candid	date Name			Catagony		-		_				
				Category/ Type				21	1.50			
Office	Sought: House Disburser	ment For:	I			,	,					
	Senate	Primary	General									
	President	Other (specify)	▼									
State:	District:											
	ame (Last, First, Middle Initial)											
B. IRO	N MOUNTAIN				Date of D	isburser	nent					
	A.I.I.				M = M	DI		Y Y	Y			
Mailing	g Address P.O. BOX 27128				02	11		2015	_			
City		State Z	p Code									
,	YORK		0087		Transac	tion ID :	SB21B.1	4177				
	se of Disbursement											
	RAGE FEES			Amount of Each Disbursement this Period								
Candio	date Name		Category/	334.32								
000				Type		7	7		74.02			
Office	Sought: House Disburser		Comorol									
	Senate President	Primary Other (specify)	General									
State:	District:	Other (specify)	•									
Full N	ame (Last, First, Middle Initial)											
	IIS NEXIS				Date of D	isburser	nent					
	NO NEXIO				M M	D I	D / Y	YY	Y			
Mailing	g Address P.O. BOX 7247-7090				02	11		2015	.			
City			p Code		Transac	tion ID :	SB21B.1	4178				
	DELPHIA se of Disbursement	PA 1	9170									
	S & SUBSCRIPTIONS				Amount of	Each	Diehureom	ant thia	Period			
Candid	date Name			Category/	Amount 0	Lacii L	Zianai acili					
				Type	1			35	0.00			
Office	Sought: House Disburser	ment For:				,	- 7	-				
	Senate	Primary	General									
_	President	Other (specify)	▼									
State:	District:											
						-		90	5.92			
SUBTO	TAL of Disbursements This Page (optional)			······		7	- 7	- 69	5.82			
TOTAL	This Pariod (last page this line number only)		<u> </u>									

S	CHEDULE B (FEC Form 3X)			FOR LINE NUMBER: PAGE 12 OF						OF 1	9
	•	Use separa	ate schedule(s)	FOR LINE I	E NOMBEN.						
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Full Name (Last, First, Middle Initial) 3. SUSAN B ANTHONY LIST INC Mailing Address 1707 L STREET NW STE 750 City State Zip Code WASHINGTON DC 20036 Purpose of Disbursement CONTRIBUTION Candidate Name SUSAN B ANTHONY LIST INC Office Sought: House Primary General President Candidate Initial) Full Name (Last, First, Middle Initial) Candidate Name City State Zip Code Purpose of Disbursement For: 2016 Senate Primary General Other (specify) Type Office Sought: House Disbursement For: 2016 Full Name (Last, First, Middle Initial) State: District: Amount of Each Disbursement this Period Category/ Type Office Sought: House Disbursement For: 2016 Purpose of Disbursement Candidate Name Category/ Type Office Sought: House Disbursement For: 2016 Primary General Other (specify) Type Office Sought: House Disbursement For: 3500.00 State: District: 3500.00		Other (specify) ▼							
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Candidate Name Category/ Type Office Sought: House Senate Primary General Other (specify) ▼ State: District: Subtrotal of Disbursements This Page (optional)	Purpose of Disbursement								
Office Sought: House Disbursement For: Senate Primary General President Other (specify) State: District: Substruct: State: Disbursements This Page (optional)	Candidate Name		Amount of Each Disbursement this Period						
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Senate Primary General President Other (specify) ▼ State: District: SUBTOTAL of Disbursements This Page (optional)	Office Sought: House Disburse	ment For:	Турс	7					
State: District: SUBTOTAL of Disbursements This Page (optional)									
SUBTOTAL of Disbursements This Page (optional)	President	Other (specify) ▼							
2500 00	State: District:	·							
2500 00									
2500 00	SUBTOTAL of Disbursements This Page (optional).		·····	3500.00					
TOTAL This Period (last page this line number only)				3500.00					

SCHEDULE D (FEC Form 3X) **DEBTS AND OBLIGATIONS**

Excluding Loans

(Use separate schedule(s) for each numbered line)

PAGE FOR LINE NUMBER: (check only one)

	9
X	10

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17 OF

NAME OF COMMITTEE (In Full) CAMPAIGN FOR WORKING FAMILIES A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): PAC DIRECT MAIL PRODUCTION AMERICA DIRECT Mailing Address 1272 CORPORATE PARK DR State Zip Code **FOREST** 24511 Transaction ID: SD10.4357 Outstanding Balance Beginning This Period 2955.31 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 2955.31 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): CAGING AND DATA PROCESSING DIRECTECH **SERVICES** Mailing Address 8595 GROVEMONT CIRCLE City State Zip Code GAITHERSBURG 20877 MD Outstanding Balance Beginning This Period Transaction ID: SD10.4359 223.11 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 223.11 0.00 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): PAC DATA PROCESSING SERVICES **LPS** Mailing Address P.O. BOX 2325 City State Zip Code **FAIRFAX** 22031 VA Transaction ID: SD10.14086 Outstanding Balance Beginning This Period 531.71 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 531.71 0.00 0.00 3178.42 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

SCHEDULE D (FEC Form 3X) **DEBTS AND OBLIGATIONS**

Excluding Loans

(Use separate schedule(s) for each numbered line)

PAGE FOR LINE NUMBER: (check only one)

	9
X	10

19

18 OF

NAME OF COMMITTEE (In Full) CAMPAIGN FOR WORKING FAMILIES A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): PAC DATA PROCESSING SERVICES LPS Mailing Address P.O. BOX 2325 State Zip Code **FAIRFAX** 22031 Transaction ID: SD10.14200 Outstanding Balance Beginning This Period 0.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 384.59 384.59 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): PAC DATA PROCESSING SERVICES LPS Mailing Address P.O. BOX 2325 City State Zip Code **FAIRFAX** 22031 VA Outstanding Balance Beginning This Period Transaction ID: SD10.14204 0.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 328.87 0.00 328.87 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): PAC DIRECT MAIL MWM DIRECT MARKETING SERVICES Mailing Address 8048 HILLRISE COURT City State Zip Code **ELKRIDGE** 21075 MD Transaction ID: SD10.4361 Outstanding Balance Beginning This Period 2320.90 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 2320.90 0.00 2649.77 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

SCHEDULE D (FEC Form 3X) DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line) PAGE 19 OF
FOR LINE NUMBER:
(check only one)

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X	10

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NAME OF COMMITTEE (In Full)
CAMPAIGN FOR WORKING FAMILIES

A. Full Name (Last, First, Middle Initial) of Debto WASHINGTON INTELLIGENC	Nature of Debt (Purpose): PAC CAGING AND DATA ENTRY SERVICES			
Mailing Address 4128 PEPSI PLACE				
City State	Zip Code			
CHANTILLY	VA 20151			
Outstanding Balance Beginning This Period		Transaction ID : SD10.14085		
494.35				
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period		
0.00	494.35	0.00		
B. Full Name (Last, First, Middle Initial) of Debtor		Nature of Debt (Purpose):		
WASHINGTON INTELLIGENCE	BUREAU	PAC CAGING & DATA ENTRY SERVICES		
Mailing Address 4128 PEPSI PLACE				
City State	Zip Code			
CHANTILLY	VA 20151			
Outstanding Balance Beginning This Period		Transaction ID : SD10.14202		
0.00				
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period		
482.90	0.00	482.90		
C. Full Name (Last, First, Middle Initial) of Debto	or or Creditor	Nature of Debt (Purpose):		
Mailing Address				
City	State Zip Code			
Outstanding Balance Beginning This Period				
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period		
,	, , , , , , , , , , , , , , , , , , , ,	, , ,		
SUBTOTALS This Period This Page (optional)	>	482.90		
TOTALS This Period (last page this line number	6311.09			
TOTAL OUTSTANDING LOANS from Schedule	0.00			
ADD 2) and 3) and carry forward to appropriate	line of Summary Page (last page only) ▶	6311.09		